

DEPARTMENT OF INSURANCE300 SOUTH SPRING STREET, SOUTH TOWER
LOS ANGELES, CA 90013

January 2003

TO: ALL INSURERS LICENSED TO TRANSACT PROPERTY AND CASUALTY INSURANCE
IN THE STATE OF CALIFORNIA AND OTHER INTERESTED PERSONS

SUBJECT: CALIFORNIA EARTHQUAKE ZONING AND PROBABLE MAXIMUM LOSS
EVALUATION PROGRAM

The enclosed California Earthquake PML Questionnaire as of December 31, 2003, will be due according to the following schedule:

Primary Carriers	-	June 30, 2004
Reinsurers	-	August 31, 2004
Retrocessionaires	-	September 30, 2004

This report is authorized by California Code of Regulations, Title 10, Chapter 5, Subchapter 3, Article 3, Section 2307. This will be the twenty-second year that the Questionnaire has been required. This report form can also be downloaded from the Department's website at: "<http://www.insurance.ca.gov/>" under the "Regulating Insurers" section.

Companies which had no Earthquake Insurance in force under any form on December 31, 2003, may satisfy the reporting requirement by so indicating at our new [Signature Page](#).

For companies that have data to report on Form A or Form B, we ask that you download the Excel files of the forms from our website. If you have any problems downloading the files, please feel free to call my staff at (213) 346-6731. Fill out the form using the downloaded file, send us a hard copy and a copy of the file on a diskette to the address listed on the [Signature Page](#). Please sign and indicate to us which form you are submitting on the [Signature Page](#).

There were no changes to the PML Percentages this year. In 1998, there were revisions in the PML percentages for residential structures. These revisions are discussed on Page 2 of the Instructions.

We again emphasize the importance of primary carriers supplying the necessary information to their reinsurers, and reinsurers supplying it to their retrocessionaires, to assure complete reporting by zone. The results of this form may be seriously impaired without the consolidation of reinsurance data by zone. Your cooperation on this matter is essential to the success of the program. To help in this regard, a Form "X" is included which should be used for reporting to reinsurers.

George Yen
Chief, Rate Specialist Bureau

CALIFORNIA EARTHQUAKE PROBABLE MAXIMUM LOSS QUESTIONNAIRE

SIGNATURE PAGE

California Code of Regulations
Title 10, Chapter 5, Subchapter 3, Article 3, Section 2307

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Company or Group Name</i>	<i>Company NAIC Code</i>	<i>Group Code</i>
<input type="text"/>	<input type="text"/>	
<i>Address</i>	<i>City, State, Zip Code</i>	

Please mark the appropriate box:

- ☐ Our Company did not have any Earthquake Insurance In-Force as of **December 31, 2003**
- ☐ Form **A** is hereby submitted (due no later than **June 30, 2004**)
- ☐ Form **B** is hereby submitted (due no later than **August 31, 2004**)

Under penalty of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

<input type="text"/>	<input type="text"/>	
<i>Signature of the Officer</i>	<i>Date</i>	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Name of the Officer (Please print)</i>	<i>Phone Number</i>	<i>Fax Number</i>
<input type="text"/>	<input type="text"/>	
<i>Title</i>	<i>E-Mail Address</i>	

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Name of the Contact Person (Please print)</i>	<i>Phone Number</i>	<i>Fax Number</i>
<input type="text"/>	<input type="text"/>	
<i>E-Mail Address</i>		

Completed form(s) is (are) to be mailed to:

CALIFORNIA DEPARTMENT OF INSURANCE
Rate Specialist Bureau
300 South Spring Street, South Tower, 14th Floor
Los Angeles, CA 90013-1230